

# Behavioral and Mood Disorders

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Children are often referred to a neurology specialist because of concerns about their moods and behavior. Often a referral is made to a child psychologist or psychiatrist for further evaluation and treatment of a mental health disorder if a neurological condition is not identified. In some cases, a child may have both a neurological condition and a mood or behavioral disorder. Your neurology provider may continue to treat the neurological condition but also refer you to other mental health specialists for management of the mood or behavioral condition. Some common mood and behavioral diagnoses are briefly described below.

## Anxiety disorders

Anxiety disorders include generalized anxiety disorder (GAD), obsessive-compulsive disorder (OCD), separation anxiety, social anxiety, and phobias. Children with anxiety can benefit from referral for cognitive behavioral therapy (CBT), traditional psychotherapy, and psychiatry for medication management. Children with anxiety disorder may:

- Have high levels of or frequent anxiety that interferes with daily functioning
- Often be tense, easily stressed, and focused on certain worries and concerns
- Struggle with social or school situations
- Complain about physical symptoms such as frequent headaches, stomachaches, poor sleep, or other discomfort due to high levels of stress
- Have panic attacks (involving rapid breathing, heart racing, chest pain, nausea, and/or shaking)
- Be difficult to identify, especially when certain symptoms, such as restlessness or poor concentration, are misinterpreted as ADHD
- Also have ADHD (about 25% of children with anxiety disorder have ADHD), which can complicate treatment of ADHD symptoms

## Mood disorders

Mood disorders include major depressive disorder (MDD), dysthymic disorder, and bipolar disorder (BPD). In most cases, your child should be evaluated and treated promptly by a qualified mental health professional, although your child's pediatrician may prescribe medication treatment for depression. A combination of psychotherapy and medication is often needed. Depressed or dysthymic mood involves a persistent pattern of behavior that interferes with daily function at home and school. Changes may include sleep problems, low energy or fatigue, dysfunctional eating patterns, poor self-esteem, poor concentration, trouble making decisions, and feelings of hopelessness.

- **Major depressive disorder (MDD):** MDD is more severe than dysthymic disorder.
  - Your child may be nearly constantly sad or irritable, lack interest or pleasure in daily activities, cry frequently, and talk about death or even contemplate or attempt suicide.
  - Some symptoms often mimic ADHD, especially in adolescents, such as inattentiveness, poor motivation, and academic difficulty.
- **Bipolar disorder (BPD):** BPD is characterized by dramatic mood swings. Treatment requires both therapy and medication management by a psychiatrist.
  - Your child may have periods of euphoria, high energy, and impulsivity (mania) and periods of severe low mood (depression), with normal periods in between.

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- Your child may be aggressive, have explosive outbursts, or have intense mood changes.
- A child with suspected BPD should be evaluated and treated by qualified pediatric mental health professionals.

## **Oppositional defiant disorder (ODD)**

Children with ODD demonstrate a consistent behavioral pattern of negativity and oppositional behaviors toward authority figures. Treatment includes working closely with a behavioral therapist. Children with ODD may:

- Have significant disciplinary problems at school
- Argue frequently, be prone to anger or temper outbursts, refuse to follow rules, blame others for their mistakes, and act in an angry, resentful, or vindictive manner
- Purposely antagonize or annoy others on a consistent basis
- Have ADHD as well, which can complicate treatment of ADHD symptoms

## **Conduct disorder (CD)**

CD is a severe condition involving a significant pattern of antisocial behaviors, such as vandalism, animal abuse, substance abuse, repeated episodes of stealing, lying, or other delinquent behaviors, and/or aggression toward other people. Behavioral therapy is the standard treatment, although medication management (especially for coexisting conditions such as ADHD or depression) may also be helpful. Children with CD:

- Are often diagnosed in adolescence
- May have had a diagnosis of oppositional defiant disorder (ODD) in childhood
- Have increased risk for problems such as substance abuse and other illegal behaviors in adulthood

## **Eating disorders**

Eating disorders include anorexia (self-induced starvation), bulimia (cycles of binge eating and purging), and restricted eating (extreme dieting). Treatment primarily includes nutritional counseling and psychotherapy, although sometimes medications may be used to treat other coexisting mood or behavioral problems. Eating disorders:

- Are most common in girls 12 years and older but can occur younger and in males
- Should be discussed with your child's pediatrician right away if you notice signs, as the pediatrician will likely conduct an evaluation to rule out medical complications
- Also may include compulsive overeating, emotional eating, and food hoarding

## **Resources and References:**

<http://www.healthychildren.org/English/health-issues/conditions/emotional-problems/>  
<https://www.kidshealth.org/en/parents/emotions/>